



Interoffice Memo

DATE:

PHONE:

FROM: **AUTHOR'S NAME**, Author's Title
Author's Department

TO: **RECIPIENT NAME(S)**, Recipient Title(s)
Recipient Department(s)

NOTE: If verbal counseling regarding attendance concerns did not resolve the issue, this memo may be issued to an employee to further emphasize the importance of attendance and the consequences of continued absenteeism.

SUBJECT: NOTICE OF EXCESSIVE ABSENTEEISM

This memo is to advise you that your excessive leave usage is a significant problem and encourage you to take whatever steps are necessary to improve your attendance. It is important for you to understand that, although we may have approved your absences and regardless of the merits of any situation requiring use of sick leave or other time off for illness, you are expected to report to work regularly.

The attached analysis of your leave usage was done for the period covering [DATE] through [DATE]. According to this analysis, you have been absent from work due to illness/injury, for yourself or others, for approximately [XX] hours. This time excludes use of any protected time (e.g. FMLA, Labor Code 233, Workers' Compensation, etc.) Of additional concern is that your leave usage shows a pattern of [DESCRIBE PATTERN HERE – MONDAYS/FRIDAYS/DAY AFTER HOLIDAY, ETC].

Specifically related to your position, your frequent and unscheduled absences cause your work to be (DISCUSS THE SPECIFIC ISSUES THAT RESULT FROM EMPLOYEES ABSENCES HERE, SUCH AS - routinely re-assigned to another employee, thus increasing the other employee's workload considerably, excessive and/or unplanned absences from work are often the most disruptive to the department and requires additional monitoring...).

If there are other circumstances affecting your attendance which may not have been considered, such as FMLA/CFRA, ADA accommodations, please let me know as soon as possible or contact The Standard at (844) 239-3560.

Your attendance will continue to be monitored. Failure to demonstrate immediate and sustained improvement may result in further corrective action such as: placement on an Absenteeism Corrective Action Plan – Leave Restriction, a below standards rating on your performance evaluation, or disciplinary action. Please let me know if you have questions or concerns about the information contained in this memo.

A copy of this memorandum will be placed in your personnel file.

I have read and received a copy of this memo.

Employee

Date

Attachment: Absenteeism Analysis

cc: Department Contacts (e.g. Mary Doe, Administrative Manager)
Human Resources Officer (if appropriate)
Department File (if appropriate)
Official Personnel File (if appropriate)